

FEB 28 '11 1:04 PM

POSTED

Please type or print in ink.

11 MAR -3 PM 1:19

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Molina Gloria

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

First District

Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: Position: Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of Los Angeles

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is through December 31, 2010.

☐ Assuming Office: Date

☐ Leaving Office: Date Left (Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/23/11

(month, day, year)

Signature

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Gloria Molina

## ▶ NAME OF BUSINESS ENTITY

Disney Corp.

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Entertainment Company

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Lowe's

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Retailer

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

Microsoft

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

- ☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10      \_\_\_\_/\_\_\_\_/10  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Gloria Molina</div>

**▶ 1. BUSINESS ENTITY OR TRUST**

Peopleworks

Name

523 S. 6th Street, #1234, L.A., CA 90014

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/10    \_\_\_\_/\_\_\_\_/10  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☒ Partnership    ☐ Corporation

YOUR BUSINESS POSITION    Spouse's Corporation Other

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☒ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

U.S. Dept. of Health & Human Services

L.A. Community College District

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/10    \_\_\_\_/\_\_\_\_/10  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/10    \_\_\_\_/\_\_\_\_/10  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/10    \_\_\_\_/\_\_\_\_/10  
ACQUIRED    DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

# **SCHEDULE B** **Interests in Real Property** (Including Rental Income)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="border-bottom: 1px solid black; text-align: center; padding: 2px 0;">Gloria Molina</div>

► STREET ADDRESS OR PRECISE LOCATION  
1117 Pacific Avenue, #83  
 CITY  
Manhattan Beach, CA

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<u>      </u> / <u>      </u> / <u>10</u>	<u>      </u> / <u>      </u> / <u>10</u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold      ☐ Other

Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499      ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

► STREET ADDRESS OR PRECISE LOCATION  
467 Canyon Vista Drive  
 CITY  
Los Angeles, CA 90065

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<u>      </u> / <u>      </u> / <u>10</u>	<u>      </u> / <u>      </u> / <u>10</u>
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold      ☐ Other

Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Jeff Manak

\_\_\_\_\_

\_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

\_\_\_\_\_

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

\_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name

Gloria Molina

► NAME OF SOURCE

Los Angeles Dodgers

ADDRESS (Business Address Acceptable)

1000 Elysian Park Avenue, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 13 / 10	\$ 115.00	Game Tickets
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Center Theatre Group

ADDRESS (Business Address Acceptable)

135 North Grand Avenue, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 2 / 10	\$ 170.00	Theatre Tickets
11 / 21 / 10	\$ \$160	Theatre Tickets
/  /	\$	

► NAME OF SOURCE

Los Angeles Philharmonic

ADDRESS (Business Address Acceptable)

151 South Grand Avenue, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 18 / 10	\$ 175.00	Concert Ticket
/  /	\$	
/  /	\$	

► NAME OF SOURCE

AEG

ADDRESS (Business Address Acceptable)

800 W. Olympic Blvd., Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 21 / 10	\$ 58.77	L.A. Lakers Event
/  /	\$	
/  /	\$	

► NAME OF SOURCE

L.A. Opera

ADDRESS (Business Address Acceptable)

135 North Grand Avenue, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 23 / 10	\$ 230.00	Opera Performance
/  /	\$	
/  /	\$	

► NAME OF SOURCE

University of Southern California

ADDRESS (Business Address Acceptable)

Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 4 / 10	\$ 168.00	Football Tickets
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Gloria Molina

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE	
Nanning Foreign Affairs & Chinese Affairs Office	
ADDRESS (Business Address Acceptable)	
28 Dongge Road	
CITY AND STATE	
Nanning, Guangxi, China	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 10 / 20 / 10 - 11 / 2 / 10 AMT: \$ 1,080.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Lodging for participation as Board Chair at Nanning International Folk Song Arts Festival	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: \_\_\_\_\_